

**DECLARATION AND POWER  
OF ATTORNEY FOR UTILITY  
OR DESIGN**

**PATENT APPLICATION**

☒ Declaration      ☐ Declaration  
Submitted with      Submitted after Initial  
Initial Filing      Filing (surcharge  
37 CFR 1.16(e) required)

Attorney Docket No.      BSC-162 (1002/217)

First Named Inventor      Barron

**COMPLETE IF KNOWN**

Application Serial Number      Not yet assigned

Filing Date      Herewith

Group Art Unit      Not yet assigned

Examiner Name      Not yet assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BONE ANCHOR PROTECTIVE COVER

*(Title of the Invention)*

the specification of which

☒ is attached hereto  
OR

☐ was filed on      as United States Application Serial Number or PCT International  
(MM/DD/YYYY)

Application Number      and was amended on (MM/DD/YYYY)      (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

## DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label Here

Name	Registration Number	Name	Registration Number
Michael J. Bastian	P-47,411	Kurt W. Lockwood	40,704
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
Elias C. Behrakis	P-47,416	Joseph B. Milstein	42,897
John V. Bianco	36,748	David G. Miranda	42,898
Isabelle A.S. Blundell	43,321	Ronda P. Moore	44,244
Maureen A. Bresnahan	44,559	Indranil Mukerji	P-46,944
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Danielle L. Herritt	43,670	Gerald E. Worth	45,238
Douglas J. Kline	35,574	Yin P. Zhang	44,372
John D. Lanza	40,060		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator  
 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
 Fax No.: (617) 248-7100

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])					Family Name or Surname				
John Christopher					Barron				
Inventor's Signature		<i>John Christopher Barron</i>				Date		3-9-01	
Residence	City		State		Country		Citizenship	USA	
Mailing Address		231 W. Canton #4							
Mailing Address (ln. 2)	City	Boston	State	MA	ZIP	02116	Country	USA	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.									
<b>Name of Additional Joint Inventor, if any:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])					Family Name or Surname				
Ghaleb A.					Sater				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship	USA	
Mailing Address		1200 Salem Street, Unit No. 123							
Mailing Address (ln. 2)	City	Lynnfield	State	MA	ZIP	01940	Country	USA	
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U.S. Parent Application or PCT Parent  
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